Senate Bill 68



Good afternoon, Chairman Shirkey and members of the Health Policy Committee. I am Anita Avery, an Obstetrician/Gynecologist practicing in the Lansing area. I am representing more than 15,000 physician members of the Michigan State Medical Society to explain our opposition to Senate Bill 68.

Let me start by acknowledging that physicians agree that the Public Health Code should better reflect the role advanced practice nurses play in the delivery of health care to patients. I have worked alongside nurse practitioners in my clinical practice for the past few years and value my skilled colleagues. Assuring minimum training requirements and maintaining an appropriate standard for disciplining those individuals who do not meet professional standards are important goals. However, Senate Bill 68 raises significant concerns with respect to the range of services that may be authorized under the legislation.

Patients put their lives in the hands of their health care professionals every day, and every day, physicians, nurses, technologists and others work hard to keep that trust. Health care providers keep it by being transparent. We keep it by doing what is right, despite the pressures put upon us. But more than anything, we keep it by putting **patients first**.

Today, Michigan families can count on a health care team with the training and expertise needed to treat illness or injury appropriately. Physicians undergo a minimum of 11 years of education and training, while some train for up to 20 years, depending on their specialty. In my role as director of the Lansing OB/GYN clerkship at Michigan State University's College of Human Medicine, I teach and supervise medical students. Let me emphasize that physicians have at minimum seven years of training IN ADDITION to a Bachelor's degree. In contrast, many of the definitions for various levels of certification of nurses offered in Senate Bill 68 reference an RN or Bachelor's degree but no degree beyond that--only years of experience and mentorship agreements. When it comes to the quality of care patients receive, training makes an incredible difference. In my day-to-day practice, it is clear that the average third-year medical student (with at least four more years of education left) has a deeper understanding of underlying mechanism of disease and pharmacology than a licensed nurse does. This impacts decisions about ordering appropriate tests, prescription use, and treatment recommendations.

As an OB/GYN, a large portion of my practice involves caring for obstetric patients in labor and delivery. My training has prepared me for the wide range of conditions that I may unexpectedly encounter during childbirth. As much as I wish all childbirths could be uneventful, that is simply not the case. More than 30-percent of moms will require a C-section to deliver their baby. These cases are not easily predicted and quick action is required to ensure the health of the baby. Regardless of any attempt to categorize patients into low- and high-risk in advance, complications such as pre-eclampsia or fetal bradycardia can develop in a short period of time in anyone, even low-risk patients, with potentially fatal consequences. This is where additional training matters. This is just one example of the types of complications that confront physicians every day. In my case, C-sections may be planned, but in many instances, are done as an emergency. As physicians, we are trained to deal with the full range of complications and bear the responsibility of treating the patient.

Physicians are not afraid of innovation or updating our statutes to better reflect the rapid pace of change within health care. Nurses with advanced practice training are highly skilled and valued members of the health care team. As Patrick will further explain, Senate Bill 68 raises significant questions about how the language of the bill could create concerns for physicians and patients.

MSMS does not support Senate Bill 68 as currently written. We look forward to working with you Senator Shirkey and the members of the Committee to find a solution that provides the flexibility for nurses with advanced practice training while retaining the knowledge of physicians as part of the health care team.